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To:

Division of Corporations

15612148442

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Smail	Address:	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DIAMCO REALTY MF, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Diamco Realty MF, LLC		
(Name of the Limited Liability Compan) (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on March 6, 2020	and assigned
Florida document number L20000074301		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
Diameo Juno Terrace 4, LLC		•
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbres	iation "L.L.C."
Enter new principal offices address, if applicable:		
(Name of the Limited Liability Company as It now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 6, 2020 Florida document number L20000074301 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Diameo Juno Terrace 4, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the new name nust be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the negent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Florida City New Registered Agent's Signature, if changing Registered Agent and agree to act in this capacity. I further provisions of all statutes relative to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent as provided for in Chapter 605. F. S. of being filed to merely reflect a change in the registered office address, I hereby confirm that the		202
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		= 1
Enter new mailing address if annlicable	- 10 m	. ω
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		N
	dress on our records, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:		,
New Devices and Office Address.	·	
New Registered Office Address.	Enter Florida street address	***************************************
	Florida	
		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	erformance of my duties, and I am fam ovided for in Chapter 605, F.S. Or, if t	iliar with and his document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
			□ Rепюче
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Filing Fee: \$25.00